NOV 0 9 2007 PTO/SB/21 (11-07) Approved for use through 11/30/2007. OMB 0651-0031

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		Application Num	ber 10/520	10/520,860								
TRANS	MITTAL	Filing Date	1/11/20	1/11/2005								
FC	RM	First Named Inve	intor INGO I	INGO RELIKE								
	Art Unit	2851	2851									
(to be used for all comes	onndence after loitlei fi	Examiner Name	KÓVAI	KOVAL, MELISSAJ								
		23 Attorney Docket	Number oco11	00011USU								
Total Number of Pages in This Submission 23												
ENCLOSURES (Check all that apply) After Allowance Communication to TC												
Fee Transmittal F		Drawing(s) Licensing-related P	aners.	App	eal Communication to Board							
Amendment/Rept After Final Aftidavits/ Extension of Time Express Abendon Information Disclo Certifled Copy of I Document(s) Reply to Missing F Incomplete Applic Reply to N	declaration(s) Request ment Request sure Statement Priority	Petition Petition to Convert: Provisional Applicat Power of Attorney, Change of Corresponder Terminal Disclaimed Request for Refund CD, Number of CD(Landscape Ta	io e ion Revocation ondence Address	App (Apr	ppeals and Interferences eal Communication to TC peal Notice, Brief, Reply Brief) prietary Information us Letter er Enclosure(s) (please Identify w):							
	SIGNAT	URE OF APPLICANT	, ATTORNEY, C	R AGENT								
Firm Name GRI	MES & BATTERSB	/, LLP										
Signature	Signature TM U											
Printed name JAM	Printed name JAMES F MCLAUGHLIN											
Date 11/9/2007 Reg. No. 38,048												
CERTIFICATE OF TRANSMISSION/MAILING												
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Typed or printed hame	JAMES F MCLA	NUGHLIN		Date	11/9/2007							

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PTO/SB/17 (10-07)NOV 0 9 2007
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Effe	ctive on 12/08/2	004.		Complete if Known							
Fees pursuant to the Consol	Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nun		10/520,860	*				
FEE TR	RANS	SMITTA	Li	Filing Date		01/11/2005					
For FY 2008			First Named Inv		INGO RELKE						
				Examiner Name		KOVAL, MELISSA J					
Applicant claims sma	all entity status	s. See 37 CFR 1.27		Art Unit		2851	<u></u>				
TOTAL AMOUNT OF PA	YMENT (\$)	670.00	ŀ	Attorney Docket		C011USU					
That it is a second of the sec											
METHOD OF PAYMENT (check all that apply)											
Check ✓ Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 07-2162 Deposit Account Name: Grimes & Battersby, LLP											
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Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.18 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION											
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES											
Application Type	Fee (\$)	mall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)				
Utility	310		510	255	210	105					
Design	210	105	100	50	130	65					
Plant	210	105	310	155	160	80					
Reissuc	310	155	510	255	620	310					
Provisional	210	105	0	0	0	0					
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims - 20 or HP =											
Other (e.g., late filing surcharge): PETITION TO EXTEND TIME \$480.00											
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